

# The Times and Register.

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## Original.

### COCAINE POISONING.

J. B. MATTISON, M. D.

Medical Director, Brooklyn Home for Habitues.

It is "ancient history"—more or less—since the writer began to present the record of toxic effects from cocaine. During the nearly nine years past dozens of deaths and hundreds of non-fatal cases from untoward effect of this drug have been put before the profession, so that one is at a loss to know whether he, who—at this late day—says, "It has hardly been reasonable to call it a poison in any ordinary quantity," is ignorant of this toxemia, or is blinded by a feeling in its favor that prompts him to question this fact and prevents him counselling that caution in its use which prudence undoubtedly demands.

A Boston oculist—Dr. J. A. Tenney—writing recently in this journal about "Mishaps With Cocaine," used the language we have quoted, and in so doing may have intended to limit his statement regarding its non-toxic effect to his special field. If so, he might better have been more explicit, for it surely was not wise to disclaim, in a general way, its power as a poison—for poison it truly is.

In November, 1886, at a meeting of the New York Neurological Society, Dr. William A. Hammond, speaking of cocaine, said "he did not believe any dose that could be taken was dangerous." Before that meeting ended the writer challenged such a dangerous statement, and warned the members against

accepting it; and, during the next year, presented such convincing proof that Hammond was wrong as to impel the British Medical Journal to assert editorially: "If it were needful to produce more proof of the unsoundness of Dr. Hammond's statement, Dr. Mattison has effectually done this."

Dr. Hammond has lived to see the day that he regrets, quite likely, having expressed such dangerous doctrine. He certainly has admitted his error, for in discussing my paper on "Cocaine Intoxication,"—read before the District of Columbia Medical Society, Washington, Christmas eve, 1891—he frankly confessed that he was wrong, and avowed that he had nearly killed a patient with cocaine!

No one can tell what mischief went in the wake of his expressed disbelief in the toxic power of this drug. Had it come from some obscure practitioner, it would have passed almost unnoticed; but with the weight of such authority as Hammond's professional prominence gave it it was all the more dangerous.

The first lethal cocaine poisoning was due to the hapless surgeon's reliance on its asserted use in large amount without harm. This case had a doubly tragic ending, for not only did it cost the life of the patient—a young woman—but the unhappy doctor, overcome by regret or remorse, committed *felo-de-se*!

What the outcome, fatal or non-fatal—all unrecorded it may be—of a like reliance on Dr. Hammond's statement?

Dr. Tenney seems to think that the taking of 18 grains of cocaine, subcutaneously, in three doses at short intervals, without death—which was Hammond's

\*Read before the Kings Co. Med. Soc., Oct. 16, 1894.

claim—proves it "hardly reasonable to call cocaine a poison." It proves nothing of the sort. It simply proves an exception to a rule—just such as obtains along numberless other lines, and, in view of what history has since given us concerning cocaine poisoning, it proves that it was a foolhardy affair, for it might have cost the venturer his life. Many a man, less a Hercules than Hammond, would have been promptly "gathered to his fathers!"

There is little question that the earliest reports on cocaine roused a fervor in its favor that led more than one to commend it with a zeal not tempered by that caution which prudence demands. Others, while not lauding it unduly, were inclined to disparage the warning note that early was sounded against it. I well recall a member of the Neurological Society who expressed himself as much pleased with Dr. Hammond's assertion regarding the non-harmful nature of cocaine, as one likely to lessen an unfounded prejudice against a valuable drug.

With the deadly record that has since been presented, it is quite probable that member Leonard Corning has changed his opinion, for he must now know the expressed fear of cocaine had a foundation on fact.

History has repeated itself along lethal lines as regards cocaine so often that it really seems surprising any one, at this day, should question its power for harm.

It may not be known that cocaine has killed in smaller doses than morphine—but that is a fact. It may not be known that cocaine has killed in shorter time than morphine—but that is a fact.

Last autumn I reported for the first time, through the courtesy of Dr. Geo. B. Cushing, now of Wheeling, W. Va., this case: Strong man walked into Bellevue Hospital, suffering from urine retention. Catheter disclosed stricture. One drachm of a 4 per cent. solution of cocaine was thrown in urethra. Almost at once patient became greatly excited, and in a few seconds went into convulsions so violent that it required the combined strength of doctor and nurse to hold him on table. Amyl was promptly used; no reaction; in four minutes man was dead.

This case—for which I thank Dr. J. E. Lumbard, New York city—is now

first reported: Man, age 25, entered Manhattan Hospital, complaining of two days' urine retention. Catheter revealed traumatic stricture, due to a 2½-inch sewing needle put in urethra by chum during a drunken frolic. Twenty minims of a 4 per cent. cocaine solution were injected in urethra. Immediately patient went into convulsions, and, despite every effort, died.

Autopsy in each case showed intense lung congestion.

Very recently two deaths from cocaine, within a fortnight of each other, have been noted, and are now first reported.

On the last day of last month a young woman visited a "complexion artist"—so-called—in Chicago, to have a facial blemish removed. Sham electricity was used, it being really a dummy battery, one sponge of which, saturated with a strong solution of carbolic acid, was applied to the affected part, with the result of causing great pain. To relieve this a 4 per cent. solution of cocaine was freely applied. In a few minutes the woman became excited, said she felt strange, walked to a window and fell dead. No autopsy.

Four days ago—Friday last—a man, aged 26, entered the office of a Jersey City physician to be operated on for rectal fistula. Twenty minims of a 4 per cent. cocaine solution were injected for local anesthesia. No effect ensuing, in 10 minutes 20 minims more were injected. In three minutes the man became unconscious and convulsed. One minute later he was dead. No autopsy.

The evidence to prove cocaine a poison is now so ample that no excuse will avail to exonerate the doctor, who, not heeding the lesson taught by the gruesome record, fails to use it with the care its toxic energy demands.

It is a drug peerless for good in certain conditions, but its power for ill must never be lost sight of if one would conserve the best interests of those on whom it may seem wise to use it.

Prospect Place, near Prospect Park.

#### PHILOSOPHY, RELIGION AND SCIENCE.

BY HENRY BURCHARD, M. D., PHILA.

Continued from last number.

Science records orderly manifestations which it calls "Laws of Nature," and concerns itself no farther than such generalizations form a chain. It is, there-

fore, manifestly unjust for theologians to attack science, as the latter does not pretend to touch theological questions proper.

That religion is the elder sister to her inquisitive relative, philosophy, we may well believe, for effects are more palpable than causes, and effects without apparent causes are by the uninitiated attributed to occult agency.

If we find such observation true to-day, in the midst of our civilization, how more impressive would the same effect be to the mind of a savage!

The stability of belief represented by the element of faith is not satisfactory to all. Psychical process in some cannot be checked, and man will look beyond a present position.

Does he grow? so do his aspirations, his beliefs. The same force within him which produces wonder, impels him to farther search.

It becomes now, not, is there a God? but what is God? This is the search, for first cause, and the various systems of reasoning tending to that end have been the many systems of philosophy which have been born, grown and sunken into various degrees of decrepitude but immortality!

The ultimate object has always proved elusive, but these various steps of the quest have formed living stones to the (it is hoped) pyramid of human knowledge.

Men to-day as, in fact, they have in all times, fondly flatter themselves that they are in possession of truth greater than the times preceding them could claim. There is some vain reasoning in this. That they have the record of more phenomena; that what is called scientific knowledge has advanced steadily is beyond question, but as regards ontology the ultimate is as far removed as ever; if, in fact, it be not farther, for certainly growing knowledge and wisdom lessen man's idea that he comprises the material universe.

One by one the various systems of philosophy come to the blind wall of the infinite, and there fret themselves to their death in the vain search for a gateway.

Every system has reached a point where exhaustive modification or revolution becomes necessary, inevitable. From these are evolved successors, whose nature is in the main purer, recapitulation removing much of the dross.

At the bases we do not find such apparent difference that the casual observer would note. Chance scanning makes many analogies which in reality do not exist.

Again, primary conceptions have been in spirit so nearly identical that it is questionable how much advance there really has been.

The fundamental basis, however, remains unchanged, and is virtually the same in all.

This is the stable element of theology and philosophy which admits of no disturbing, for reason assails in vain the rock of the inscrutability of the infinite.

The greater the range of thought the more the conviction forces itself upon the instrument of reason that we are but the tools of the infinite.

How many have lived, do live and die in the endeavor to unravel the great mystery!

As Dr. Garretson teaches you, conceptions are as individuals; so a man's conception of the ultimate is a fair measure of the man.

The greater he is, the more embracing and farther removed becomes the first cause.

The intellectual gulf there is between the anthropomorphic conception of the Deity and the idea of God as possessed by the learned philosopher, just that difference is there between human minds.

W. B. Carpenter, in the Bampton lectures for 1887, gives as the three essentials for permanency of a theological system, dependence, fellowship and progress. These three may be applied with equal propriety to philosophy; that is, the philosophy to which it is hoped we will all come, optimism and altruism.

It is not proposed here to review the missionary and non-missionary theologies, as Max Muller distinguishes them, save to state that the non-missionary, Brahmanism, Judaism, Zoroastrianism, tend to become fixed, provincial, the missionary, Buddhism, Christianity and Mohammedism, subjected to change through inevitable contacts and frictions.

One and all they are systems of theology, all based upon a fixity, the principle of religion.

That theological and philosophical teachings have thus far failed in their ultimate objects, is no sufficient reason to declare either worthless. On the contrary they have both been of inestimable worth. The force of their teachings has been the source of all

our present knowledge. As to their utility in their own times, it may be said of systems of philosophy that they have been the origins of some of the best systems of ethics. In some cases this is more than can be said of the fruits of theology in the same countries. In fact, not infrequently systems of philosophy have been substitutive equivalents for faulty theology. Where such a theology has its followers, degenerating into immoralists of low types, philosophy has been a saving force, to provide a clean ethical standard.

Dogmas in all times have served as a moral restraint (often physical) to the classes insusceptible to any emotion save dread. The love of God carried not so much weight as the fear of hell. Dogmatists have stood as watch-dogs, snarling at all attempts to disturb their often pernicious ignorance.

Given the basis of belief, the conviction of the existence of a God, and two individuals stand together. One finds his faith as it is, sufficient for all his needs; he believes, and does not concern himself into an exact inquiry of how or why.

The other speculates, and it is the first step in a circular path, which once entered must be traversed, if good is to come of it.

Lord Bacon, it will be remembered, says: "Ask nothing or ask all," probably having in mind some such idea.

Let him follow this path and if his journey be complete he is brought back to beside his fixed fellow.

The circle may be of any extent; according to its circumference will be his views. In the end he is at rest beside his unwandering, unwondering brother. But the difference between their views; one sees and has seen but what can be viewed from where he stands and has been standing; the other has traversed the circle, knows what can be seen from all its points, and comes to rest, no more the prey to doubt or skepticism.

The spirit of belief in both may be alike, but the whyfores are separated by the diameter of the circle. One the devotee; the other the attitude of reflectiveness but serenity. It is scarcely possible that a more extended view will not alter primary conceptions, but it does not necessitate that there shall be any change of the basis. From the basis individuals will build superstructures according to individual perceptions.

There is no one who essays the role of inquirer who does not at some time find what he considers error in the theological system in which he has been bred. There can be no greater absurdity than such a one embracing Atheism, simply because he discovers such fallacy. Atheism is in reality without a cause, and that he finds a conceived cause insufficient assuredly does not lessen the necessity of there being a cause; the inquirer has not gone far enough.

The blunder of the Atheistic skeptic frequently lies in the literal acceptance of something capable of receiving a more rational interpretation the reverse of his; by this method of his, many statements are construed into self-denials. Such a course is productive of much mischief, but if the student keeps in mind the principle that an Atheist is invariably an insufficiently educated person such men become objects more to be pitied than to receive serious attention.

It is easily perceptible why a philosopher or scientist if attacked by a theologian should use the materials at his command for defense; but it is incomprehensible why one of them should wantonly attack certain elements of belief of the theologians, when the assault is unprovoked. Certainly the office, the function of philosopher, is that of improving the reasoning powers of his pupil; to supply them with means to draw their own deductions.

What will suffice and result from one man's reason will not answer for others, and the teacher in this direction indulges in a work of supererogation when he deserts logic for discourse upon the theological fallacy. The wise teacher permits theological matters to take their own course; he is not concerned with faith, and goes beyond his province or exceeds his office when he attempts a violent substitution of half-formed reason for fully-formed faith.

Time and reason will furnish for each man a type of belief suiting him individually, and any undue haste in the matter is productive of more mischief than good.

Thus both philosophers and theologians have just grounds of complaint against writers like Thomas Paine, Ethan Allen, Robert Ingersoll and others of that ilk.

The first step of teachers should be

an absolute demonstration that a theological system is productive of evil before any attempt is made to overturn it.

The charge of atheism directed against the philosophy of evolution is unfounded, untrue and absurd.

Fiske, in his "Cosmic Philosophy," states explicitly that the school does not deny to human consciousness an existence succeeding the dissolution of the material body; that such a statement would transcend the bounds of experience, and beyond this representatives of this school do not go.

Spencer and Fiske, outside the line of direct argument do speculate, and there is an undercurrent diametrically opposed to what is generally called materialism.

As this school represents in philosophy (scientific philosophy) the fin de siècle, it will be seen how undeserving it is of the opprobrium cast upon it by some of the theologians.

We must divorce from this school certain noisy skeptics who have made what is called revealed religion the object and subject of ridicule, and who devote more time to exposing trifling errors of theology than to the true office of a philosopher, the searching for truth for truth's sake, to serve the best interests of humanity.

That such men attach themselves to the tail of philosophy is no more reproach to it than was the Spanish Inquisition a reproach to the spirit of religion. Both are morbid growths to the respective bodies.

To be continued.

## Society Reports.

### TRI-STATE MEDICAL SOCIETY

of Alabama, Georgia and Tennessee.

(Continued from October 20th)

#### SECOND DAY.

George R. West read a paper on "Uterine Cancer," in which he apologized for introducing a much-talked subject.

The cause or origin of cancer is unknown.

There is no specific cancer cell.

The diagnosis of uterine cancer cannot be made out early except by the corroboration of many vague symptoms, which are usually neglected.

The treatment is unsatisfactory, as no cure is known. The best method of procedure is the entire removal of the dis-

ease by the knife. The treatment to be effective must be undertaken early, and is, therefore, dependent upon an early diagnosis, and this responsibility usually devolves upon the family physician, into whose hands the patient first falls. It is wrong to declare the inoperable cases doomed and refuse them treatment.

Palliative measures of treatment are suggested. The varieties of operative procedures are mentioned, with preference given to vaginal hysterectomy, when the diagnosis is certain.

Much time and labor has been expended in research on the subject, and yet the results are so unsatisfactory that it offers a great field for investigation. There is a cure for cancer, and it must be discovered. Who will be the lucky man?

W. E. B. Davis said that as a rule these cases came to the surgeon too late to remove all the disease. The time for the operation is in the early stage. We cannot be sure that the trouble is confined to the cervix, so that total removal is generally indicated. The microscope, in proper hands, is a valuable aid to diagnosis.

J. M. Mathews said that hysterectomy was not in his line, but cancer was in the line of every surgeon. Cancer is a disease which requires great care in diagnosis. There were cases operated on which should be let alone. He advised that to quiet pain, opium should be used, where pain is a factor in the case. He had five cases in which a mistaken diagnosis of carcinoma was made by competent microscopists. He would rather rely on the clinical history.

John A. Wyeth said that the hope of the profession lay in early diagnosis. This is the secret of success. Operation is simple at that time, and successful. Cancer is a local disease, the result of irritation. When in doubt it is best to operate.

W. G. Bogart believed the early diagnosis of cancer to be of great importance. In fact, upon the early diagnosis depends our good results. He insisted upon a more thorough study of our cases. Morphia in these cases was to be used sufficiently to overcome pain. We should not neglect to have a microscopical examination made, to confirm the general and physical signs we have already had to make us suspect cancer.

G. W. Drake thought we should depend on the microscope for the diagnosis. The trouble may be with the microscopist. When in doubt, he would send the case to one who had a large experience with the microscope.

J. B. Cowan asked if the fault was not with the general practitioner, in that the diagnosis was not made early? He understood that microscopy was a fixed science. The trouble was with the man who handled the instrument.

A. R. Robinson said that the trouble often was with the specimen, which was not properly prepared, and often included only some curetted material. As a rule, the microscopist, if of sufficient experience, could make the diagnosis. He believed the disease to be infectious.

G. R. West said that he believed in

relieving pain. He wrote the paper because so many cases presented themselves too late for operation.

W. E. B. Davis read a paper on "The Treatment of Stone in the Kidney," in which he pointed out the methods of diagnosis, and dealt with the technique of operating for the relief of the condition produced by stone. He usually makes incision in lumbar region, but if tumor is too large to be removed through this incision, extends it toward the median line. He was working on an instrument by which the urine could be collected from each ureter separately without catheterization of the ureters. He reported a case resembling stone in the kidney, which was due to ectopic gestation. A nephrotomy should be performed rather than a nephrectomy, if there is much healthy kidney tissue.

John A. Wyeth said: "The only way to determine the diagnosis was by an incision, as the author recommended. He sometimes made a T-shaped incision, as it gave more room.

J. McFadden Gaston reported a case where he had operated for abscess and had found stones impacted in the ureters.

Dr. Davis said that where there was stone in the ureter, it could best be removed by two incisions, one anteriorly to determine location and the other behind for its removal. He thought harm would come from the frequent catheterization of the ureters.

A. R. Robinson read a paper, "The Importance of Early Treatment in Cutaneous Cancer," illustrating the subject with diagrams. The earlier the treatment, the less tissue to be removed and the greater the chances of cure. The superficial discoid form may disappear, may grow very slowly, or may grow rapidly, and all should be operated on. The papillary may begin as a wart or mole, or may be secondary to the superficial discoid. Early treatment is more strongly called for. The deep-seated or nodular should be diagnosed early and removed. It first appears as a small, hard nodule under the skin, gradually increasing in size. The deep tissue should be removed.

M. B. Hutchins advocated the removal of every suspicious growth, for we could not tell which would be dangerous.

John A. Wyeth said that he would not rely on the knife alone, but used caustics. In the nodular form he would not begin with the paste. He related a case removed by incision three times, and recovery took place after the use of Marsden's paste. In another case, cure took place after an attack of erysipelas. He believed the disease due to a germ, and that a cure would be found.

J. McF. Gaston related a recent case of large epithelioma on the face removed by the electro cautery.

J. B. Cowan said that the idea of non-interference pervaded not only the laity but also the profession.

P. L. Brouillette related a case of epithelioma of twenty-five years' growth which he removed. He emphasized the necessity of early treatment.

Dr. A. R. Robinson did not recognize a recurrence in these cases. It was generally a reappearance.

On motion, an invitation to attend an operation by Dr. Wyeth, at 9 A. M. tomorrow at the Southern Medical College, was accepted—the society to meet immediately after.

John A. Wyeth read a paper on "A Report of Some Rare Surgical Lessons Connected With the Liver," relating cases of the hepatic, cystic and common ducts, also of cancer. The latter cases, cure took place from infection. He believed that superficial cancers can be cured by the erysipelas toxine. In the deep it has not been proven.

W. E. B. Davis said that cases of obstruction of biliary ducts should be operated on rapidly—can't stand long operation. The best method is incision, the insertion of a tube and packing with gauze. Do not take time to sew up duct.

J. McF. Gaston indorsed external drainage, as advocated by Dr. Davis.

#### AFTERNOON SESSION.

A paper by C. H. Holland on "Treatment of Smallpox" was read by title.

T. Ellis Drewry read a paper on "Burns, and Treatment Thereof," in which he advocated antisepsics. The indications are to allay irritation, reduce pain, prevent sepsis.

W. G. Bogart said that no class of injuries are more serious or difficult to obtain good results from than bad burns.

The steps indicated in the treatment of burns are:

1. Relief of pain.
2. Overcome shock.
3. Dressing injury.

First indication is met with hyperdermic injection of morphia.

2. Strychnia, or alcoholic stimulants.
3. White lead, iodoform with vaseline, etc.

Report of two burns, the result of grasping an electric wire.

F. S. Parsons said that ether was a good remedy to overcome shock. In Boston this is the practice in the hospitals. Recently bovinine has been used in burns of the second degree. The result is that the granulations are made healthy.

Later grafts from the superficial part of the skin were placed over the burn to promote healing. Hard callosities were good for this purpose.

Frank Trester Smith asked how corns would do.

Frank S. Caldwell said that he could answer that:

In the railroad hospital he had used corns. In small burns they used camphor-phenique, but in large burns carbolic acid and olive oil. In one case, where a recent graduate had placed cotton next the the burn, he was two years in getting rid of the cotton.

Dr. Drewry related a case in which it took him six months to get rid of a cotton dressing.

J. B. S. Holmes delivered the president's address, "Some Causes Leading to Invalidism in Women." He protested against the amount of work required of girls at schools. The fault lies with

the parents, who want them to graduate at an early age. The system sends cases to the doctor. He suggested that the girl be treated as a boy until the time of menstruation. The mother should inform the daughter of the expected change. She should be taught to keep quiet during the flow three or four years.

Among the causes he mentioned the study of music, high heels, exposure at time of menstruation, infection at child-birth from failure to repair a tear or from applications by the surgeon, gonorrhea.

On motion the thanks of the society were extended the retiring president for his excellent address.

Arthur G. Hobbs read a paper entitled: "Adenoids and Their Treatment with a New Forceps." The means used in treatment are the ring knife of Meyer, the finger which is dangerous on account of the danger of getting material in larynx, Volkman's curette, the gauze, wire loop and forceps, which is the most rational method. He presented an original forceps for the removal of these growths.

J. A. Goggins presented a specimen of extra-uterine pregnancy. The case when first seen was diagnosed as extra-uterine pregnancy, with ruptured sac, but operation was refused until a month later. Abdomen was full of blood. Sac firmly adherent in pelvis, hemorrhage controlled by gauze packing. Death took place 36 hours later.

NIGHT SESSION.

At night the society attended a reception given by the medical profession of Atlanta, at the Capital City Club.

OVER THE ROCKIES.

BY

J. R. CLAUSEN, A. M., M. D.

Our last letter dated from Missoula, Mont., where we were detained by the floods for 17 days. In it we attempted to describe to you this garden spot of the West, which we commended in unqualified terms as a resort for those suffering from nervous prostration and especially those troubled with insomnia.

Now for a word or two about our trip over the world-famed Rockies on our way to the Golden Gate:

We left Missoula early in the morning, congratulating ourselves that we would have an easy and uninterrupted run to Spokane, Wash., but after riding only 40 miles we were obliged to leave our comfortable quarters in the cars and take to old springless Indian wagons, which were waiting to convey us around the wash-out, a distance of over nine miles. The wagons, which were of the rudest

construction, held from eight to 12 passengers, and we had not traveled far before each held a wagonload of suffering humanity, for the roads were the roughest and rockiest it has ever been our misfortune to ride over.

Many a sore spot remained long after the journey was over to attest the truthfulness of this statement. But this was not all. To add to the horror of the situation many swollen streams had to be forded, the rushing water reaching up to the body of the wagon. After the first stream was forded, in which we all expected to find a watery grave, the writer, at the earnest solicitation of the other passengers, took the reins from the hands of the inexperienced Indian driver, and thereafter till the journey ended guided the chariot of state. An amusing incident livened up at least the beginning of our journey—amusing, that is, to all but one of our passengers. A popular young Missoulian had come to the train in charge of twins where their mother was to meet him. By some misunderstanding she failed to put in an appearance, and so, assisted by the encouraging, if not appreciated, remarks and helpful suggestions of the other passengers, he was compelled to play the role of child nurse for the entire journey.

Our wagon journey over we again boarded the cars, but only for about five hours, our stopping place this time being Clark's Ford, on Lake Pend d'Oreille, a pretty inland lake, forty-five miles long by about fifteen miles wide. Here the tracks were submerged and again we had to change our mode of transit. This time we went afloat. A small tugboat was awaiting us, and into it we were packed like living sardines with scarcely room to turn around. After a ride up the lake of twenty-six miles, Sand Point was reached, where once more we took the cars, and after a run of fifty miles reached Spokane, Washington, the coming city of the great Northwest. Already it is a great railroad centre, and with the possible exception of Minneapolis, Minn., has the finest water power of any city in the United States. Anxious to reach San Francisco we remained in Spokane only one day, when we again took the train on the Northern Pacific Railroad and met with no further impediment to our journey until we reached a point a few miles west of Tacoma, where the overflow from the Columbia River again stopped our progress by rail.

Here we were again compelled to proceed by boat, and we shall never forget that ride up the broad bosom of the Columbia River. Town-site after town-site was past with scarcely a house remaining to mark the spot where, but a few weeks before, a busy community had existed. It was a very panorama of dissolution—a scene of ruin that none could look at without being deeply affected. After a journey of sixty miles the mouth of the Willamette River was reached, and a further journey of twelve miles up the stream brought us to Portland, the principal city of the great State of Oregon. Here we took a much-needed rest of several days, broadening our knowledge, the while, of Western character and customs. From here to San Francisco our journey was a most pleasant one, notably interesting being the trip over Mount Shasta, the highest of the Rocky Mountain peaks; a rocky monster, that rears his horny head over 14,000 feet above the level of the sea. A day and a half more and, at last, our goal is reached, and we disembarked at San Francisco, just two weeks after the medical convention to which we were delegates had adjourned.

July 24, 1894.

**PERCHLOIDE OF MERCURY IN WHOOPING COUGH.**

Raubitschek (Therop. Monatsh., April, 1894), knowing the want of success attending the usual treatment of whooping cough, determined in the case of his own three children to resort to a novel procedure. He thoroughly saturated a cotton-wool tampon with a 0.1 per cent. solution of perchloride of mercury, introduced it into the mouth, pressed it against the base of the tongue, thus allowing the fluid to trickle downwards over the epiglottis, and finally withdrew it, at the same time swabbing the tonsils, uvula, and soft palate. This procedure was carried out daily, or every other day, according to the severity of the case, and was attended with the best results, not only in the three cases referred to, but also in 14 other children since similarly treated. An improvement was noticeable on the second or third day, and all the patients were either cured or relieved within eight or 14 days. One case appeared to be arrested during development by five applications of the solution. The author considers any poisonous effects to be impossible.

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**SHOULD THE GENERAL PRACTITIONER BE EQUALLY COMPENSATED WITH THE CONSULTANT FOR A SPECIAL VISIT?**

During the last few months several of our exchanges have been directing their readers' attention to comments and opinions on the above subject. Not a few take the position that the medical attendant should receive a fee for a visit which is made conjointly with a consultant, equal to the latter.

By what process of reasoning such a conclusion is reached does not appear obvious. On the contrary, it would seem rather that some had stifled their convictions in order to gratify and win the good will of the general practitioner.

We fear that from this class may be gathered the natural code-haters. It may

be said that the average practitioner is quite able to decide for himself questions of this character without any gratuitous lectures from journalists, who, by the way, with few exceptions, are consultants.

If a consultant's compensation is not for special services, for a superior order of knowledge, experience and judgment, why call him at all? If his trained powers of discernment, with a penetrating, analytical faculty for recognizing and interpreting vital phenomena, are not far above the average, to bring him in under any circumstances is simply a piece of extortion.

The position of a competent, honorable consultant is a responsible and difficult one. His visit is something more than a mere formality, and often demands not only a mystery of his art, but also tact and discretion, in order that while the patient may derive the fullest benefit for what he is giving a special compensation, changes in treatment may be instituted in such a manner as will not diminish the confidence of the family in the regular medical attendant or weaken his control of the case.

Such consultations should be encouraged, and generously compensated for; as they are always mutually advantageous to all concerned.

Possibly, however, at the present time, when our ranks are overcrowded and rather over-officered by impatient neophytes ambitious to become leaders and consultants, sometimes spurred on, too, by grim want, there may be some excuse for allowing the general practitioners an extra allowance when he meets the consultant; for, if the family are in easy circumstances, and the consultant is permitted to continue his visits as frequently as he chooses, after he once gets in, then, indeed, not only should the family physician exact the same fee as the consultant, but it should be at least tripled; for he might as well take his last look at his patient, as his connection with him is ended.

The wholesale pirating so commonly in vogue, at the present time, has well nigh destroyed the utility of consultations, and made them unpopular.

The consultant comes on the scene, proclaims an operation, at "my hospital," as imperative. He "puts old wine into new bottles," stamps the case one of unpronounceable name, damns the attendant with faint praise, slips in before he departs to squeeze the patient's hand, and tells her she will soon be able to ride out with him.

## GOOD DRAINAGE AFTER CHILD-BIRTH.

An important point in obstetric practice, and one too often not considered seriously enough, is that of establishing good drainage for the lochia after confinement.

At first thought the proposition that any intelligent physician neglects this feature of obstetric practice seems preposterous, but when we consider the position of the patient in the ordinary bed the practicability of establishing more efficient drainage becomes obvious.

In the ordinary bed, with woven-wire springs and a soft mattress, the hips of a patient will be found on the most dependent part, but, with the shoulders resting also on the mattress, in the dorsal decubitus, the vaginal outlet will be on a higher level than that of Douglas' cul-de-sac.

Thus it will be seen that the lochial discharges will, in a measure, remain stagnant at the os uteri, the overflow, so to speak, appearing at the vaginal outlet. This allows an abundant opportunity for infection, and doubtless is the cause of many cases of puerperal fever.

The remedy for this evil is simple, and consists in allowing the patient the freedom of sitting up in bed within 12 hours after confinement; or, at least, provides that the angle of decubitus should be 45 degrees. If this course is followed out it is safe to predict that the percentage of cases of puerperal infection will become less.

The objection to this practice that will be raised is the allowing a woman the freedom of sitting up so soon after delivery. We admit that there may be cases in which this objection is valid, but in the majority of labor cases the process is a perfectly normal one and comparatively easy. The woman is not to be considered such an invalid that it is necessary to force her to assume the complete dorsal decubitus. If this be necessary good drainage may be obtained by directing the patient to lie on her stomach, instead of her side or back.

The advantages of the 45 degrees position are that it not only favors the best possible drainage but that the patient can rest, supported by pillows, and the position favors the involution of the uterus.

Getting out of bed is to be prohibited for a reasonable length of time, but the

sitting posture will prevent the patients becoming so bed-ridden that they are weaker the second week of the puerperal state than the first, which is so often seen when patients are forced to keep their beds in the horizontal position.

Usually the vaginal douche is unnecessary, unless instruments have been used or unusual manipulation has enhanced the possibility of septic infection.

#### DR. ROUX'S METHOD OF OBTAIN- ING IMMUNIZATION FROM DIPHTHERIA.

The Medical Press, of October 17, gives the following paragraph as Dr. Roux's method of preparing the serum necessary to inject into children suffering from diphtheria.

The first step is to buy twenty horses to undergo the process of immunization. This process takes about seventy days. The horse is first injected with a mixture of iodine and diphtheritic toxine, the iodine having for effect to attenuate the intensity of the virus. The injection is renewed at intervals of several days for six weeks, until the time comes when the animal can withstand injections of the pure virus. The animal is then bled, yielding about four pints of blood every twenty days, that is to say, enough blood to furnish serum for the cure of forty children. The horses chosen are healthy animals, discarded from the services on account of weakness of the legs.

#### AN AMBULANCE SURGEON MURDER- OUSLY ASSAULTED.

Dr. Thomas Garvey, ambulance surgeon to the Harlem Hospital, New York city, came very near losing his life while removing a desperate patient to the hospital for treatment. The man, who was partially intoxicated, and suffering from a dislocation of the humerus, drew a pistol and fired on his surgeon, while they were in close quarters in the removal wagon. The bullet took effect in the right shoulder of Dr. Garvey, causing a painful but not serious wound. Before the man could follow up his murderous attack the surgeon threw himself forward on the man and disarmed him. The man subsequently stated that he mistook the surgeon for an officer who had him under arrest. Whatever the motive of the man may have been, his missile went very near to blotting out the life of a worthy young surgeon.

#### Obituary.

##### DR. WILLIAM GOODELL.

Dr. William Goodell, the eminent gynecologist, who had been in failing health for the last two years, died at his residence, 1418 Spruce street, on Saturday morning, aged 65 years.

Dr. Goodell was the son of Rev. William Goodell, D. D., of Holden, Mass., and was born on the island of Malta, while his parents were journeying to Turkey, where his father was engaged in missionary work.

In 1849 he entered Williams College, Massachusetts. Graduating three years later, he came to Philadelphia and continued his studies at the Jefferson Medical College, and received his diploma in 1854. The same year Dr. Goodell rejoined his father in Constantinople, and there entered upon the practice of his profession. In 1857 he married, at Smyrna, Asia Minor, Caroline, daughter of the late Judge Thomas S. Bell, of West Chester, Pa., who survives him. In 1861 he returned to America on account of the unsettled condition of political affairs in Turkey, and, locating in West Chester, there commenced practicing medicine in this country.

Dr. Goodell made a specialty of obstetrics and diseases of women, on the subject of which he was a prolific contributor to the medical journals, and was also the author of "Lessons in Gynecology."

In 1865, on his appointment as Physician in Charge of the Preston Retreat, at Twentieth and Hamilton streets, he came to reside permanently in this city, and continued to hold this appointment until his health commenced to fail.

In 1870 he was appointed lecturer on obstetrics and diseases of women of the University of Pennsylvania, and in 1874 Clinical professor of the University of Diseases of Women and Children. He was also honorary professor of Gynecology of the University, and member of the National, State and County Medical Associations, of the College of Physicians, of the American Philosophical and American Pathological Societies, and a correspondent of the Boston Gynecological Society, of the London Obstetrical Society and of the Imperial Medical Society of Constantinople.

## Book Notes.

**A PRACTICAL MANUAL OF NEUTRAL MEDICINE.** By E. Regis, Professor of Mental Diseases, Faculty of Medicine, Bordeaux. With a Preface by M. Benjamin Ball. Authorized Translation by H. M. Bannister, A. M., M. D. Second edition. Thoroughly revised and largely rewritten. Utica (N. Y.) Press of the American Journal of Insanity, 1894.

The author begins by rapidly touching on the different views as to mental pathology and treatment from earliest historical times, showing that, though in early times a few wise men grasped the meaning of insanity, all this knowledge was speedily lost, and for hundreds of years, during the Middle Age period and down to the eighteenth century, the lot of the hapless insane was full of persecutions, imprisonments, tortures and death.

The author then takes up the subject of general pathology as applied to insanity, proceeding next to a consideration of the special pathology of the various mental diseases.

The second part is given up to practical applications of mental pathology, in the way of diagnosis, advice regarding sequestration and treatment. The book closes with several chapters devoted to the subject of medico-legal practice, and expertise in its relation to insanity.

This work though filling nearly 700 pages, 4 1/2 by 7 inches, does not intend to be exhaustive, but as a manual can be commended on account of the clearness and conciseness of the author's diction and the highly satisfactory arrangement of topics and sub-topics for the purpose of reference. A complete index accompanies the book.

An interesting feature of this work is the fact that it was printed and bound by the insane at the Utica Asylum. Though the book is neatly gotten up, we think that a work of this size would have a better physical appearance if the pages were twice as large and the book one-half as thick.

**ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES FOR 1894.** Edited by C. E. Sajous, M. D. Published by the F. A. Davis Company, Philadelphia, Pa. 5 volumes.

We have become so accustomed to look for Dr. Sajous' Annual, with the advent of every year, on account of its accuracy in reports and excellency of construction, that we are pleased to

note that these latest volumes are not behind the former ones in practical value to the physician.

Valuable contributions are noted on the diseases of the urinary organs, on the different varieties of fever, on the affections of the brain, on the diseases of the spinal cord, on diseases of uterus and adnexa, on diseases of the eye, on general therapeutics and on syphilis.

This annual has become so standard a work that we are led to look forward to it as an index for the advancement in medicine of the previous year. Extracts taken from over 1100 medical journals of the world are apt to bring about as complete a list of transactions during a given time as can well be compiled.

We take pleasure in recommending this work to any physician, who has not subscribed for it, as one of the necessary appurtenances of his library.

**MODERN MATERIA MEDICA.** For medical men, pharmacists and students. By H. Helbing, F. C. S. Fourth edition. Published by Lehn & Fink, New York.

Two years have elapsed since the publication of the third edition of this work, during which time quite a large number of new synthetical remedies have been introduced into medicine.

The advance of therapeutical science in these times is rapid and a work like the present one under consideration is hardly out of press before additions are necessary. However, no effort has been spared to make this book as efficient as possible and to incorporate all trustworthy and useful information.

The aim of the work is to supply the want generally felt in this country of full and comprehensive details as to the constitution, methods of preparation, tests and medicinal applications of new remedies.

It is also intended that in dealing with medical uses of each compound to indicate its therapeutical importance. It is a work much needed by most practitioners.

**ARSENITE OF COPPER AS AN ANTI-SPASMODIC.** By W. Blair Stewart, A. M., M. D. Reprint from The American Therapist, August, 1894.

**THE TWENTY-FOURTH ANNUAL REPORT OF THE PHILADELPHIA PROTESTANT EPISCOPAL CITY MISSION.** 1894.

**FIFTY CASES OF RECTAL SURGERY.** By B. MERRILL RICKETTS, M. D. Reprinted from Mathews' Medical Quarterly, July, 1894.

## Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

### SYMPHYSIOTOMY.

Morisani (*Annales de Gynecologie*, April, 1894) contributes an article on Symphysiotomy, and comes to the following conclusions regarding the operation:

1. This operation is perfectly justified both in theory and practice. By it a fetus at term, fully developed, can traverse a pelvis narrowed between the limits of 67-88 mm.

2. If the fetus be dead or its vitality gravely compromised, this operation is bad.

3. Usually symphysiotomy should be performed at term, when labor has begun and dilatation advanced. Its association with premature labor should not be accepted, though occasionally it may be conjoined with embryotomy, when the child is dead.

4. The operation itself is simple; it is indifferent whether Galbati's knife or a simple probe-pointed bistoury be used, or whether the articulation be opened from above or below, provided the suprapubic ligament be cut.

5. The movability of the sacro-iliac joint must be assured.

6. In a pelvis of 81 mm. or more, before cutting the articulation, tentative and cautious efforts should be made with the forceps.

7. The forceps is useful after the section in the great majority of cases, but is not indispensable.

8. Osseous sutures and immobilizing apparatus are not necessary. Suture of the soft parts and a restraining bandage are enough. It is a grave error to interpose foreign bodies between the lips of the wound.

9. This operation merits comparison with embryotomy when the fetus is alive, and should be preferred to the latter. It is destined to replace Cæsarean section of choice.

10. It may be discussed in such cases, whether it be better to practice premature delivery in the early weeks of the ninth month, or wait the end of pregnancy and perform symphysiotomy. At a period less advanced than this, symphysiotomy at term merits the preference.

11. Ischio-pubeotomy constitutes a valuable resource in contractions due to ankylosis of one of the sacro-iliac symphyses.

12. The asserted evil results of pubic section are only observed where it is practiced in cases outside its limits, and have for cause: a. The time of the labor during which it is done. b. The manner in which it is done. c. The pre-existent lesions of the genitalia. d. Special conditions of the patient. The death of the fetus is to be ascribed: a. To a tardy intervention. b. To accidental circumstances. c. To accessory means used in extraction.

—Am. Jour. Med. Science.

### THE ABLATION OF A TUMOR FROM THE SPINAL CORD.

A man 42 years old, who had sustained a fall on the back sometime previously, presented himself at Krause's clinic, complaining of severe pains through the left side of the thorax, in September, 1893. On careful examination nothing definitely could be made out and he left. In August, 1894, he returned, now suffering severely over the entire back and chest; besides, paresis was setting in, in both lower extremities. These paretic symptoms would alternately subside, to be replaced by exacerbation of paraplegia, with analgesia and contraction of the muscles. Along with this he had the girdle symptoms.

On examination of the vertebral column a painful enlargement was detected on the sixth dorsal vertebra. A tumor of the substance of the cord was diagnosed.

Anti syphilitic treatment was tried without avail.

Now, an operation was undertaken. An incision was made, extending from the third to the sixth dorsal. By the aid of the osteotome and mallet the spinous apophyses were removed, ten centimetres in extent. The dura mater was incised and there was a free discharge of cerebro-spinal fluid, when to the right a tumor was reached. This was 27 milli-

metres thick and 18 long. After displacing the arachnoid the growth was readily detached.

The loss of blood was so great that the succeeding collapse prevented the suturing of the wound. Iodoform tamponade was used to pack the wound. After about 18 hours the patient came out of shock, but the pain now was worse than before the operation. On the second day succeeding operation high fever developed, with dyspnea and cyanosis; he died 24 hours after operation. On autopsy, suppurative bronchitis, with a sanguinous escape under the cerebral dura mater, were found. The latter was supposed to have succeeded in consequence of the rapid loss of cerebro-arachnoidean fluid, at time of operation.

(Munich Med. Woch., Oct. 22, 1894, p. 431.)

Comments by Translator.—This case epitomizes a few important points in the therapy of spinal lesions, traumatic or pathological; when operation is undertaken for their relief, and is entirely in accord with what I have observed in my own practice.

Laminectomy is a terribly bloody procedure; the powerful osseous braces of the column are cut away and its integrity, as a supporting pyramid, forever destroyed, should relief of the cord injury follow. There was a great loss of the cerebral fluid; a matter of mortal concern in itself. This was intensified after operation. In my own ten cases the post operative torture was so great that full morphine narcosis had to be maintained to the end.

Febrile symptoms promptly set in. From all that can be gathered, there is nothing to show that there is a single case on record recovering after laminectomy that might not have done equally as well, or better, if left to nature's unaided resources, and it may be added that in not a few ending mortally they have recovered had they been spared mutilation.

T. H. M.

#### STOLEN GRAFTS.

In San Francisco an Irishman has brought suit for \$25,000 damages for the loss of grafts taken without consent from his thigh and transplanted to the head of a Gallic patient. He claims that the grafts were taken while he was under an anesthetic, given, as he was led to believe, to save him from the pain of

an examination that was to be made. Mike McGowan, the complainant, "would not have cared so much only the skin went to patch up a d—d Dutchman;" besides the "oid skin was brought from Oirland."

—Exchange.

#### TREATMENT OF ASPHYXIA BY TRACTION UPON THE TONGUE.

Laborde (*Abeille Medical*, 1893, No. 3) believes that asphyxia is to be combated by strong rhythmical traction upon the tongue. Apart from the good results in asphyxia of the new-born, Laborde has applied the method with good results in an adult poisoned with bromidia, who was pulseless and without appreciable movement of heart.

The action of this method is referred by Laborde to the primary excitation of the sensitive nerves and transference of this excitement to the motor nerves of the respiratory muscles, especially excitement of the *nervus laryngeus superior* then the *glosso-pharyngeus* and *lingualis*, finally, the *phrenic*.

—University Medical Magazine.

#### FATAL PERITONITIS FOLLOWING ORCHITIS DUE TO MUMPS.

The *Gazette Hebdomadaire de Medicine et de Chirurgie* for August 12 gives a summary of a history of a case, by M. Hornus, published in the *Archives de Medicine et Pharmacie Militaires*, 1894, No. 7. During an epidemic of mumps a soldier, 22 years old, presented himself with a double orchitis. It was not due to gonorrhea, and he had never had the least venereal infection. It had come on after a few colicky pains followed by an abundant movement of the bowels. Both testicles were affected in an equal degree. The temperature was 103.1 degrees F. Topical treatment was prescribed for the orchitis, but as early as on the second day it was found that the patient had peritonitis, which carried him off in 48 hours. At the autopsy the testicles were found transformed into purulent collections with no longer a trace of seminiferous tubules. The spermatic cords were bathed with pus, which continued beyond the inguinal canal. The intestinal coils and the epipolons were covered with purulent and fibrinous deposits. There was nothing wrong with the other organs.

—Railway Surgeon.

## Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

### A NEW CURE FOR PERNICIOUS ANEMIA AND LEUCOCYTHEMIA.

"While sitting alone, and in profound sorrow, in my library, on Sunday morning, the 29th of April last, I suddenly saw a great light." It is in this somewhat dramatic way that Dr. I. N. Danforth, whose life was suffering from pernicious anemia, begins his description of a new method of treating that disease. The light which he saw was reflected from the following paragraph in a London journal: "Professor Frazer, of Edinburgh, read a paper to the Section of Medicine" (of the Eleventh International Medical Congress, at Rome) on "The Effects of Bone Marrow in Pernicious Anemia," which attracted considerable attention. He gave particulars of a case in which at the beginning of the disease the hematocytes numbered 1,000,000 per cubic millimetre, and the hemoglobin 25 per cent. After a month's treatment, first with iron, then with arsenic, afterward with salol, no appreciable improvement was manifested. At the end of that time bone marrow was administered with remarkable results. The patient gradually improved, and in two months the blood had a composition of 4,000,000 hematocytes, and the hemoglobin had risen to 80 per cent. This case shows, so far as a single case can, that in bone marrow we may perhaps have an effective remedy for what has hitherto been practically held to be an incurable disease.

Dr. Danforth immediately got some bone marrow and began feeding it to his patient, whose condition, despite everything that had been tried, was desperate. She at once began to improve, and in four or five months was comparatively well.

After a time, instead of giving the marrow in its natural state, he cut up several ribs and allowed them to soak in glycerine. He then made the following mixture:

R      Liq. potas. arsenit. ....  $2\frac{1}{2}$  dr.  
       Acid phosphate ..... 3 oz.  
       Ext. bone marrow.....ad. 8 oz.  
       M. Sig.—2 dr. after each meal.

The addition of the arsenic robs the bone marrow of some of the credit. This

addition was not made, however, in Professor Frazer's case.

We note also that Dr. W. G. Bigger reports, in a London journal, a case of leucocytethmia in a boy aged 12. The patient was given three or four slices of bread daily, on which the raw bone marrow was thickly spread. The improvement in the boy's condition after the first week was "little short of marvelous." The anemia and jaundice disappeared, and the skin and mucous membrane acquired a healthy color. The symptoms due to the anemia at the same time passed off, and in three weeks the boy was able to walk about without shortness of breath or palpitation. The temperature also became normal, and has remained so. Paro passu with this improvement in the general symptoms, the spleen diminished in size, so that by the end of a fortnight the lower edge had receded to a level with the anterior spine of the ilium, and the inner edge did not extend beyond the middle line.

The boy eventually became entirely well. Both the cases reported are apparently examples of cures of obstinate and dangerous diseases. If we have a remedy for them in bone marrow, therapeutics has made a remarkable advance.

—New York Medical Record.

### THE TREATMENT OF TUBERCULOSIS.

Van Hoorn (*Monatshefte fur Praktische Dermatologie*, Bd. xix, No. 1), convinced that infection in furuncle takes place from the outside, employs a method of treatment based upon general disinfection of the skin as well as isolation and disinfection of the disease foci. This method is as follows:

The entire skin is cleansed in a warm bath with soft soap, and the furuncle and the parts around it washed with a 1-1000 solution of corrosive sublimate. After drying, the furuncle is covered with mercury and carbolic acid plaster-mull, and the patient puts on clean linen. Every day, or, preferably, twice a day, a new plaster is applied, and where the perforation has occurred the furuncle is lightly pressed out and disinfected anew with sublimate solution.

The results of this treatment are said by the author to be brilliant, and, what is especially important, new lesions are seldom observed.

—University Medical Magazine.

## Miscellany.

### MEDICO-LEGAL SOCIETY.

#### Section on Medico-Legal Surgery.

There will be a joint session of the Medico-Legal Society and the Section of Medico-Legal Surgery, at the Academy of Medicine, New York city, on Thursday, November 15, 1894, at 8 o'clock P. M. precisely:

#### PROGRAMME.

1. Session of the Medico-Legal Society, the president, H. W. Mitchell, M. D., in the Chair:

a. Election of new members and miscellaneous business.  
b. Nomination of officers for the ensuing year.

2. Session of the Section on Medico-Legal Surgery, Chief Surgeon, Granville P. Conn, M. D., chairman, in the Chair:

a. Opening address by Chief Surgeon Granville P. Conn, M. D., on "Hygiene Training of Men in Charge of Railway Trains."

b. Discussion of same, limited to five minutes each.

c. "Expert Examination of Plaintiff in Damage Cases, when Ordered by the Court," by George Chaffee, M. D., ex-president New York State Society of Railway Surgeons.

d. Discussion limited to five minutes, by Clark Bell, Esq., Judge Roger A. Pryor, Nelson Smith, Esq., Judge Abram H. Dailey, H. W. Mitchell, M. D., Professor Stillings, of New Hampshire, chief surgeon V. C. R. R., M. Cavanaugh, M. D., and ex-Surrogate R. S. Ransom.

e. "The True Line of Duty of the Railway Surgeon," by Clark Bell, Esq.

f. Discussions, five minutes each, by Surgeon George Chaffee, M. D., Surgeon A. M. Phelps, M. D., R. S. Harnden, M. D., C. M. Daniel, M. D., S. S. Thorne, M. D., J. B. Murdoch, M. D., Nicholas Senn, M. D., W. B. Outten, M. D., G. P. Conn, M. D., and others. Eminent surgeons have been invited to submit views on this subject who cannot be present. Reports will be read from various parts of the whole country.

g. "Medical Witnesses." By R. S. Harnden, M. D., ex-President Erie Railway Surgeons.

h. Discussions, five minutes each, by H. W. Mitchell, M. D., Chief Surgeon Estes, Lehigh Valley Railroad; M. Cavanaugh, M. D., C. M. Daniels, M. D., and others.

The New York State Association of Railway Surgeons holds its annual meeting at the Academy of Medicine on the same day—morning and afternoon session—to which all our members have been invited, and the members of that society are cordially invited to attend our meeting, and take part in the discussion.

A general attendance is requested. Members not on the programme, wishing the floor on either subject, will for-

ward their views in brief to the secretary if unable to be present. Members will please be prompt in attendance.

For Section on Medico-Legal Surgery, Granville P. Conn, chairman; Clark Bell, vice chairman and secretary; George Chaffee, M. D., treasurer.

For Medico-Legal Society, H. W. Mitchell, president; Clark Bell, secretary; F. B. Downs, M. D., assistant secretary.

### A NEW DISEASE.

A physician says: "Two weeks ago I was summoned to the bedside of Djohanne Sdtilemetzhler. The involute and labyrinthine tangle of his symptoms made me suspect at first that he had absorbed his own name. But further examination convinced me that he was the victim of typhomalarriopneumophthisicotomychonotetanoxatxonephreticosplenitis. Owing to the ubiquity of pathogenic bacilli, anti-septics are always indicated, so I exhibited calcium betanaphtholaphamomonosulphonate. As the patient suffered from severe nonlocalized pain I gave orthoxyethylana-Monobenzoylamidoquinoline combined with salicylaldehydmethylphenylhydrazine. For this insomnia I gave trichloraldehydphenylidimethylpyrazolene.

"His wife asked me what ailed him and what I was giving him. I told her and she said 'yes,' and turned very pale.

"Upon examining him on the next evening I became convinced that the vital forces had misconstrued the remedies and that a congerie of retroabsorptions had resulted. I then wrote out the following prescription:

R      Tetrahydrobetanaphtholamine.  
      Sodium thioparotolidinesulphonate.  
      Orthosulphamidobenzoic anhydride.  
      Amidoacetoporpharenitidine. .aa.1 oz.  
 M. Sig.—A teaspoonful every hour.

"When the wife presented the prescription to the druggist he instantly dropped dead! The patient is up and about, but something is wrong with his Broca's convolution—he mutters in a multisyllabic lingo that is intelligent only to modern pharmacal chemists. I am in hiding where the spiral melody of the woodbine that twineth blendeth ever with the sweet, low, soothing, murmurous quadrisyllabic, rhythmic rune of the gentle polygonum punctatum.

MEYER BROS., Druggists.

It is said that the keepers of the lunatic asylum at Alicante, Spain, recently took their lunatics off on a concert tour to raise money to keep the asylum running, the Government having failed to provide for it.

## Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.,  
PHILADELPHIA.

The "laziest" man has at last met with his just reward. Dr. George Ross reports the death of a man from peritonitis due to rupture of the bowel brought about by a novel and labor-saving method of taking an injection. This ingenious man simply fastened the rubber hose to the bathroom faucet and turned on the spigot. The last time he gave it one turn too much and hence the result.

\* \* \*

The Empress Dowager of China must be more solicitous about her subjects than I have previously believed. After the great defeat at Ping Yang, which the Chinese affect to consider a victory, her Majesty ordered forty chests of preventive pills to be sent to the army for distribution among the soldiers. What they were supposed to prevent we are not told.

\* \* \*

A colored dispensary patient, who wished to be very proper, replied in answer to a family history question: "There isn't any of us ceasted since my father died, and I was about a year old when he ceased."

\* \* \*

Between the eye hospitals and dispensaries advertising in the daily press for patients and almost engaging a "puller-in," and the numerous opticians begging people to come and have their eyes tested free, it is a wonder that oculists get any patients at all. One optician is trying to scare up spectacle buyers by distributing a pamphlet lurid with the dangers of instilling atropine, and thus deterring people from risking their eyes with an ophthalmologist. This is not as bad, however, as a crank optician, named Fournet, in London. He names a number of prominent English ophthalmologists, and claims that none of them really know anything about prescribing appropriate glasses. He goes a step beyond anything I have yet seen, advising that not only those with defective vision should have glasses, but maintaining

that everyone could see better by wearing them.

\* \* \*

Either my penmanship is defective or the typesetter is a poor reader, for he put the word "medium" for "medicine" in one of my little squibs last week, thus destroying the sense of a sentence.

### "THE AUTOCRAT."

Oliver Wendell Holmes. Born 1809. Died Oct. 7, 1894.

(From *Punch*.)

"The Last Leaf!" Can it be true,  
We have turned it, and on you,  
Friend of all?  
That the years at last have power?  
That life's foliage and its flower  
Fade and fall?

Was there one who ever took  
From its shelf by chance a book  
Penned by you,  
But was fast your friend for life,  
With one refuge from its strife  
Safe and true?

Even gentle Ella's self  
Might be proud to share that shelf,  
Leaf to leaf,  
With a soul of kindred sort,  
Who could bind strong sense and sport  
In one sheaf.

From that Boston breakfast table,  
Wit and wisdom, fun and fable,  
Radiated  
Through all English-speaking places;  
When were science and the graces  
So well mated?

Of sweet singers the most sane,  
Of keen wits the most humane,  
Wide, yet clear,  
Like the blue, above us, bent;  
Giving sense and sentiment  
Each its sphere.

With a manly breadth of soul,  
And a fancy quaint and droll,  
Ripe and mellow,  
With a virile power of "hit,"  
Finished scholar, poet, wit,  
And good fellow!

Sturdy patriot, and yet  
True world's citizen. Regret  
Dims our eyes  
As we turn each well-thumbed leaf;  
Yet a glory midst our grief  
Will arise.

Years your spirit could not tame,  
And they will not dim your fame;  
England joys  
In your songs, all strength and ease,  
And the "dreams" you "wrote to please  
Gray-haired boys."

And of such were you not one?  
Age chilled not your fire of fun.  
Heart-alive  
Makes a boy of a gray bard,  
Though his years be, "by the card"  
Eighty-five!